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ABSTRACT

The guide for instructors, volunteers and program organizers contains information on establishing swimming programs for disabled persons in Canada. Outlined are steps involved in securing funds and initiating program efforts, and listed are names and addresses of resources for specific handicapping conditions. General teaching suggestions are provided as well as implications for persons with physical, mental, emotional and learning disorders. Teaching activities described include games, races and relays. Also considered are safety and equipment factors and teaching progressions. (CL)

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PROGRAMME HANDBOOK

U S DEPARTMENT OF HEALTH,
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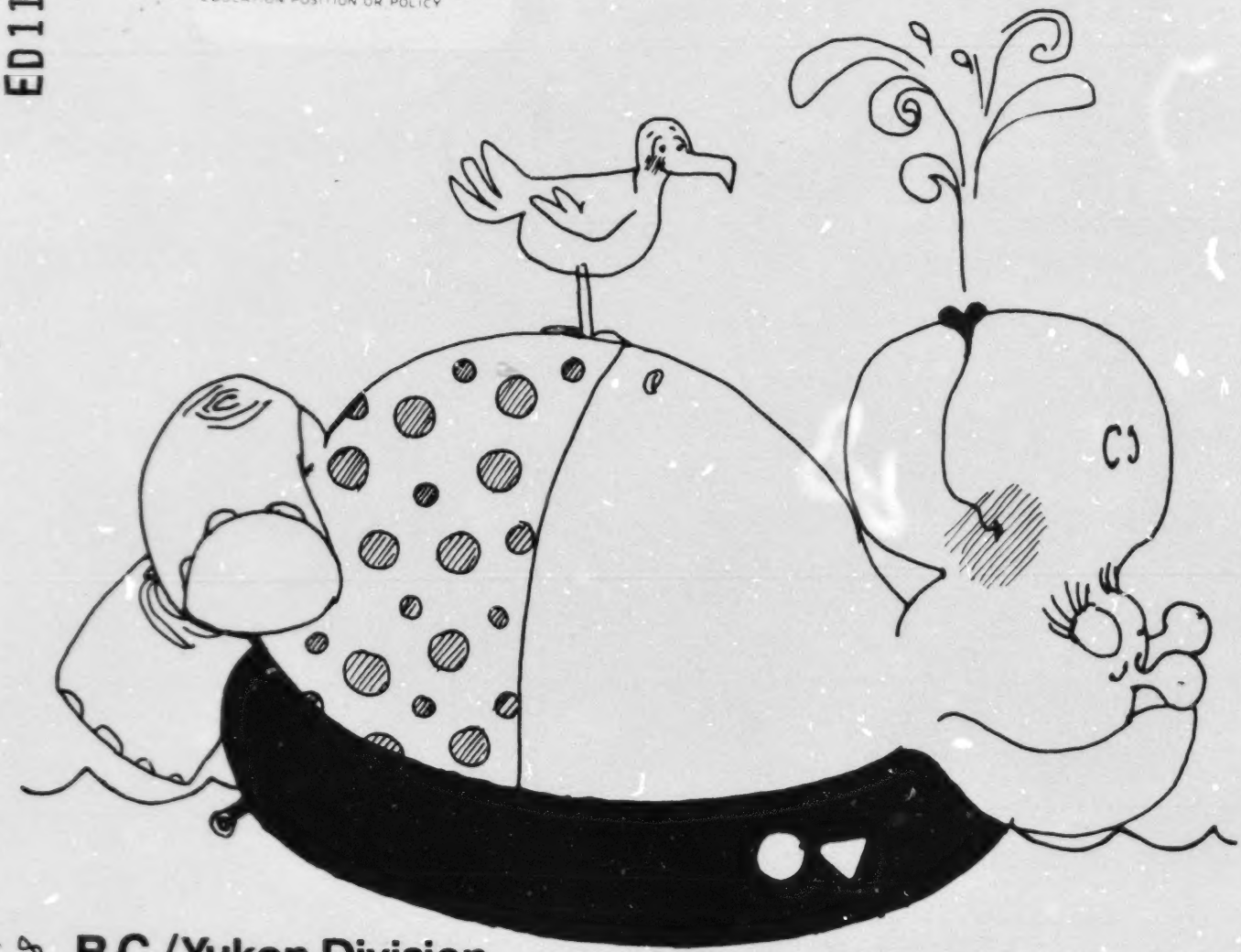
Swimming for the Disabled



EC 081658

B.C./Yukon Division

CANADIAN RED CROSS SOCIETY
WATER SAFETY SERVICE

PRISONER OF DEPENDENCE

A prisoner of dependence am I
Whom fate convicted
In the delivery room;
Serving a life sentence
With no hope of parole.

Behind the bars of my handicap
I must make my life and career.
Through a crack in the wall
I peer upon the normal world
Which I can never touch.

Though I am serving time
For the crimeof being born,
I am not shackled to the wall;
For I have friends who break the
chains.
They set me free.

Richard A. Watson

HANDBOOK

ON

SWIMMING FOR THE DISABLED

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The cover by Jill Pittendrigh

Poem "Prisoner of Dependence" by Richard Watson

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INTRODUCTION

This handbook is just a guide for instructors, volunteers, and program organizers. It includes the basic information needed to set up a program or teach swimming to disabled persons.

WHY SWIMMING FOR THE DISABLED?

Swimming is one of the only activities that almost every disabled person can participate in. Someone with muscular dystrophy for example, restricted to a wheelchair with limited movement may not be able to participate in too many activities on land. In the water however, its a whole new picture. The same person may be able to swim independently across the pool and practice a little skin diving on the side.

Water also removes the physical barrier of a person's disability, and offers the opportunity for socialization on an equal basis with others. The physical, social, emotional and psychological values of swimming are beneficial to any individual.

Success is probably one of the most important values to consider when programming for the disabled. Just getting into the pool is a success point for these people. Swimming skills should be broken down so that success can be achieved at every point along the way.

Remember that the person is more important than the stroke you are teaching. Adapt the stroke to the capabilities of the person in order to meet the needs of the individual. Look at the individuals ability before disability. Start with the things that he can do, then work from there.

Fun, is an important aspect of every lesson! The instructors attitude and relationship with the participants can make all the difference. Games and fun tasks can be incorporated into every lesson. If the lessons are fun, they are worthwhile and success can be achieved.

Safety, is an important part of swim programs for the disabled. The swim program will be able to run much more efficiently if the safety factors outline in the booklet are followed.

With a little bit of love, patience, understanding and some knowledge on water safety, the lessons should prove worthwhile and rewarding for everyone involved.

THE RED CROSS SWIMMING PROGRAM FOR THE DISABLED

This relatively new swimming program is available for use in your community. The Canadian Red Cross Water Safety Service first introduced an aquatic program for the disabled in 1956. Over the years, the program has expanded and developed to meet the needs of disabled individuals.

In the fall of 1974 a new five level system was developed to replace the previous four level system for the physically disabled and the C.A.M.R. program for the mentally retarded. This present system is still undergoing scrutiny in attempting to meet the needs of the individuals for whom it is being developed.

The program is available to anyone with a disability which prevents him or her from participating in the regular water safety service learn-to swim program. These major areas of disability are: learning disability, mentally retarded, emotionally disturbed, physically disabled, blind and deaf.

Water safety instructors and volunteers are able to teach within this program. It is recommended, however, that a qualified instructor is available to serve as a resource person. Evaluation of a student involved in these levels may be done by a current Water Safety Instructor.

Evaluation sheets and certification cards are available for all five levels. Evaluation should be done on a progressive check-off basis for strokes and skills. The required items can be evaluated in terms of the individuals disabilities. The candidate who can go from point A to point B in a reasonable and recognized form, with the necessary adaptations is considered successful.

Disabled persons may participate in the regular water safety learn-to swim program providing all the required items are completed in compliance with the regular program standards.

Within this program for the disabled, water safety knowledge is taught but not evaluated. This is a consideration taken so as to not exclude any individual from being involved in the program. A candidate can enter the program at any level. There is no service fee for any of the five levels. The cost of such a program is absorbed by the Divisional Water Safety Service.

For safety reasons each candidate involved in the course should complete a medical referral form before starting the program. This record should remain in the program files and any specific problem should be communicated to the instructor or volunteer.

This program and its system of evaluation is continually being revised in order to meet the needs of the people it serves. Maintain contact with the divisional Water Safety Service in order that you remain aware of its most recent developments.

SETTING UP A SWIM PROGRAM

FOR THE DISABLED

A.

1. First of all, determine the need in your community. Try not to duplicate services which are already in existence.

2. Obtain pool time at inexpensive rates. With the many difficulties these disabled people must overcome, any financial drawback only increases their chances of not being able to participate.

3. For the physically disabled, make sure the building is accessible for wheelchairs. If not, portable ramps can be installed.

4. Set up an Advisory Board of such people as; physicians, physiotherapists, First Aid instructors, organizations for the disabled, service clubs, etc.

5. Set up a Program Committee to:
   a) plan and advise
   b) recruit volunteers
   c) establish a schedule for personnel (interms of what the program should achieve)
   d) arrange transportation for the participants if needed. If possible through local service clubs.

   e) Establish Policies: 1) Each participant should have a medical referral form or Doctor's certificate of fitness and a release from liability or a parent's permission form, before entering the pool. 2) Lifeguard on duty. 3) Instruction on a one-to-one basis for those who need it.

B. For Funds:

1. Contact the Department of Recreation and Conservation, Community Recreational Facilities Fund, Parks Branch.

2. Contact your local service clubs. For example:
   i) Kinsmen Club of B.C.,
   2256 West 12th Avenue,
   Vancouver, B.C. Phone: 736-8841

   ii) Kiwanis Club,
   900 West Georgia Street,
   Vancouver, B.C. Phone: 685-7274

   iii) The Lions Club

C. Facilities:

Determine what facilities (equipment) are needed for placement into and removal of participants from pool, dressing room.

D. Establish what the Program Co-ordinator should do:

a) Instruct volunteers in the different disabilities that are dealt with in his/her program.
   i) general information of the disabilities
   ii) what to watch for in the water
   iii) safety precautions and emergency procedures
   iv) teaching tips
   v) assign certain people to assist in dressing rooms

b) Keep records of:
   i) medical history - Doctor's consent forms
   ii) progress of disabled person as evaluated by instructor or volunteer
   iii) parent permission forms
   iv) attendance of participants and volunteers

E. Establishment of a program of promotion and awards for progress and recognition.

RESOURCE LIST

Who to contact for a) participants
b) volunteers
c) general information

AID TO THE HANDICAPPED,
805 West Broadway,
Vancouver, B.C. V5Z 1X6
Phone: 873-4251

ARTHRITIS - CANADIAN ARTHRITIS AND RHEUMATISM SOCIETY,
895 West 10th Avenue,
Vancouver, B.C. V5Z 1L7
Phone: 879-7511

AUTISM - PACIFIC ASSOCIATION FOR AUTISTIC CHILDREN,
c/o 4898 Dogwood Drive,
Delta, B.C. V4M 1M5
Phone: 943-4008

AUTISM - LAUREL HOUSE SOCIETY,
1896 West 15th Avenue,
Vancouver, B.C. V6J 2L1
Phone: 732-7678

BLIND - CANADIAN NATIONAL INSTITUTE FOR THE BLIND,
350 East 36th Avenue,
Vancouver, B.C. V5W 1C6
Phone: 321-2311

CANCER - CANADIAN CANCER SOCIETY,
1926 West Broadway,
Vancouver, B.C. V6J 1Z2
Phone: 736-1211

CEREBRAL PALSY - CEREBRAL PALSY ASSOCIATION OF BRITISH COLUMBIA,
1524 West 15th Avenue,
Vancouver, B.C. V6J 2K6
Phone: 736-1194

CHILDREN'S AID - CHILDREN'S AID SOCIETY,
1675 West 10th Avenue,
Vancouver, B.C.
Phone: 733-8111

CHRISTMAS SEAL - B.C. TUBERCULOSIS CHRISTMAS SEAL SOCIETY,
906 West Broadway,
Vancouver, B.C.
Mailing - Box 34009, Station D,
Vancouver, B.C. V6J 4M2

CYSTIC FIBROSIS - CANADIAN CYSTIC FIBROSIS FOUNDATION (BRITISH COLUMBIA),
Health Centre for Children,
Out-Patients Department,
Vancouver General Hospital,
715 West 12th Avenue,
Vancouver, B.C. V5Z 1M9

DEAF - GREATER VANCOUVER ASSOCIATION OF THE DEAF,
c/o 2125 West 7th Avenue,
Vancouver, B.C. V6K 1X9
Phone: 736-7391

EPILEPSY - BRITISH COLUMBIA EPILEPSY ASSOCIATION,
Vancouver Neurological Centre,
645 West Broadway,
Vancouver, B.C. V5Z 1G6
Phone: 879-5774

HEART - BRITISH COLUMBIA HEART FOUNDATION,
1881 West Broadway,
Vancouver, B.C. V6J 1Y5
Phone: 736-4404

HEMOPHILIA - CANADIAN HEMOPHILIA SOCIETY,
2256 West 12th Avenue,
Vancouver, B.C. V6K 2N5
Phone: 594-4686

HANDICAPPED - HANDICAPPED RESOURCE CENTRE,
101 - 8185 Main Street,
Vancouver, B.C. V5X 3L5
Phone: 324-6821

KIDNEY - KIDNEY FOUNDATION OF CANADA,
202 - 395 West Broadway,
Vancouver, B.C. V5Y 1A7
Phone: 874-6616

KINSMEN - KINSMEN REHABILITATION FOUNDATION,
2256 West 12th Avenue,
Vancouver, B.C. V6K 2N5
Phone: 736-8841

LEARNING DISABILITIES - ASSOCIATION FOR CHILDREN WITH LEARNING DISABILITIES,
2256 West 12th Avenue,
Vancouver, B.C. V6K 2N5
Phone: 733-2321

LION'S - B.C. LION'S SOCIETY FOR CRIPPLED CHILDREN,
171 West 6th Avenue,
Vancouver, B.C. V5Y 1K5
Phone: 873-1865

MENTAL HEALTH - CANADIAN MENTAL HEALTH ASSOCIATION,
203 - 2256 West 12th Avenue,
Vancouver, B.C. V6K 2N5
Phone: 736-0381

MENTALLY RETARDED - BRITISH COLUMBIA ASSOCIATION FOR THE MENTALLY RETARDED,
221 - 119 West Pender Street,
Vancouver, B.C. V6B 1S5
Phone: 685-8506

MULTIPLE SCLEROSIS - MULTIPLE SCLEROSIS SOCIETY,
2098 West 43rd Avenue,
Vancouver, B.C. V6M 2C9
Phone: 263-3244

MUSCULAR DYSTROPHY - MUSCULAR DYSTROPHY ASSOCIATION,
2281 Chapman Way,
North Vancouver, B.C. V7H 1W2
Phone: 929-3116

NEUROLOGICAL CENTRE - VANCOUVER NEUROLOGICAL CENTRE,
645 West Broadway,
Vancouver, B.C. V5Z 1G6
Phone: 879-5774

PARAPLEGIC - CANADIAN PARAPLEGIC ASSOCIATION,
780 S.W. Marine Drive,
Vancouver, B.C. V6P 5Y7
Phone: 324-3611

PARKINSON'S DISEASE - BRITISH COLUMBIA PARKINSON'S DISEASE ASSOCIATION,
c/o Vancouver Neurological Centre,
645 West Broadway,
Vancouver, B.C. V5Z 1G6
Phone: 879-5774

PHYSIO-THERAPISTS - ASSOCIATION OF PHYSIOTHERAPISTS AND MASSAGE PRACTIONERS,
2520 Ontario Street,
Vancouver, B.C.
Phone: 736-3404

RED CROSS - CANADIAN RED CROSS SOCIETY,
4750 Oak Street,
Vancouver, B.C. V6H 2N9
Phone: 879-7551

G.F. STRONG - G.F. STRONG REHABILITATION CENTRE,
4255 Laurel Street,
Vancouver, B.C.
Phone: 731-3111

VOLUNTEER BUREAU - VOLUNTEER BUREAU,
1625 West 8th Avenue,
Vancouver, B.C.
Phone: 731-6168

WHEELCHAIR SPORTS - B.C. WHEELCHAIR SPORTS AND RECREATION,
3737 Oak Street,
Vancouver, B.C.
Phone: 733-9155

FOR VOLUNTEER AND PARTICIPANTS
ALSO CONTACT:

a) church organizations
b) community information centre
c) hospitals and homes for special children
d) media i) newspaper
ii) radio
iii) television
e) schools in area eg. community recreation classes

GENERAL TEACHING SUGGESTIONS

1. Remember - each person is an INDIVIDUAL. Skills must be adapted. Use empathy - not sympathy

2. Proper execution of the stroke is of little importance. The approach should be to teach the individual to do the skill as best he can with what he has.

3. Auxiliary BUOYANT SWIM AIDS can be beneficial but should be discarded as soon as possible so that dependency does not develop.

4. BE FIRM BUT FAIR. These individuals are sometimes subjected to too much attention by well-meaning but uninformed people.

5. All COMMUNICATION does not have to be verbalized. Give demonstrations.

6. PRAISE helps to build confidence. Progressions may be slow, so each skill learned should receive special credit.

7. Keep progressions simple in order for the participant to always have the opportunity for SUCCESS.

8. Strive towards making each participant as INDEPENDENT as possible in the water.

9. A ONE TO ONE basis is necessary with beginners. As soon as possible the participants should begin to work in small groups.

10. Instructors should be patient and should try to gain the TRUST and CONFIDENCE of the participant.

The major disabilities:

a) a definition
b) general teaching suggestions
c) specific teaching suggestions for certain skills

I. PHYSICAL DISABILITIES

1. The Blind. a) a person with a 20/200 vision or less. They can see no more at a distance of 20 feet away than a person with normal vision can see at 200 feet. Limited peripheral vision (20 degrees) is also classified as blind.

b) Teaching Suggestions. Determine extent of disability. Guide participant around pool area orientating him/her to all facilities. Speak in a normal voice, calmly and frequently. Remove or minimize all hazards. (eg. keep doors either closed or wide open. If necessary to leave person, place him in contact with pool side. Use auditory stimulation, for eg. mechanical means, like a metronom on a bucket by the side of the pool. Use physical contacts. Guide body limbs through movements. Let students feel you do the stroke.

c) Front Float. Tell the participant to stretch out. If they have trouble understanding the float concept, have them feel a flutter board floating. Back Float. Have pupils feel you as you float. Talk to them, while you are floating. Drownproofing. On deck place a board between 2 stools. Let the particiapnt straddle the board then manipulate his arms and legs. Treading Water. Relate to something he does. ie. climbing stairs. Describe body position. Do not describe action of a figure 8 as this means 3 braille dots to the blind. Strokes. Kick is a misleading word. Manipulate legs for proper kick. Steer arms through movements. Diving. Challenge to the blind. Watch carefully to avoid having a participant dive onto another.

2. The Deaf. a) There are three classifications of deafness determined by (i) age of onset of hearing impairment, (ii) degree of hearing loss. The three classifications have been labelled as:
1) hard of hearing - hearing loss of 25 - 30%.
2) deaf - hearing loss of 50% or more
3) deafened - those who become deaf during adulthood.

If loss is present at birth - person learns nothing through the ear, therefore special methods of instruction must be employed.
If loss occurs during childhood - acquisition of some language may have occurred, but again the normal development of the child ceases and special methods of instruction must be employed.

b) Oral method of communication - speak slowly and distinctly. The student will probably be able to read your lips.

Manual Method of communication - If necessary guide the arms, legs and head of the student to develop a pattern of movement.

Maintain eye contact - only in this way will you be able to explain and demonstrate.

Develop group discipline and participation as soon as possible.

c) Breath Control - Teach blowing by using a feather, straw or by blowing on the hand.

Water Safety - use blackboard, posters, equipment, films.

Orthopedic Disabilities

3. Cerebral Palsy - a condition caused by damage to the motor area of the brain either, before, during or after birth. Because of this damage there could be multiple difficulties such as: difficulty controlling muscle movements, speech problems, learning, vision, learning and behaviour difficulties and epilepsy.

The severity of a person's physical disability has nothing to do with his intelligence.

There are five forms of Cerebral Palsy:

i) Spastic - Muscles are tense and contact , stiff movements, spasms.
ii) Athetoid - muscles make involuntary purposeless movements.
iii) ataxic - lack of directional control and balance.
iv) atonic - lacks strength in muscles.
v) rigid - stiff muscles, but not tense.

b) Walking in the water can be a very satisfying and exciting experience for those not able to walk on land. Teach breath control as soon as possible. Relaxing the participant is very important. For Cerebral Palsied persons the water temperature should preferably be betwen 85-95°. Stay near person's head until you know their head control ability. A sudden movement may cause a person's face to submerge - BE PREPARED!

c) Strokes - The most comfortable position for the child is to place his head on your shoulder in a slightly bent forward position, thus both your hands are free to support the trunk and rotate the legs.

4. Spina Bifida - a) caused by lesions in the spinal columns at birth. The location of the lesion determines the extent of the disability. Quite often the legs are paralyzed and there is a lack of bladder and bowel control. Children may be wearing diapers and plastic pants beneath their suits. Others may have ideal bags which collect the urine and must be emptied before and after the swim.

If legs are paralyzed they are often protected by leotards or socks. The slightest cut or bruise might take months to heal due to poor circulation therefore the participant would be unable to swim for that period of time. b) Participant usually has strong arms similar to a paraplegic and could join a paraplegic swim team. Since they have a strong upper body these people are usually good at breaststroke, crawl, backstroke, and elementary backstroke.

5) Muscular Dystrophy - a) a progressive weakening of the muscles. b) Keep participant moving as much as possible without over-tiring him as this may be the only exercise he gets. Don't let participant swim in an inner tube as he could easily slip out due to lack of muscle strength. USE CAUTION when lifting and transferring a Muscular Dystrophy person, because of weak muscles the person can easily slip from your grasp. Hold on to the swim suit when lifting!! c) back float - more serious cases may be taught to swim on their backs. A head float can be used if needed.

6) Traumatic Spinal Cord Lesions - a) lesions in the spine due to injury causing paralysis.

Paraplegic - both legs affected
Hemiplegic - one side of body affected
Quadraplegic-all four limbs affected

7) Multiple Sclerosis - a condition that affects the central nervous system. The true cause is unknown but it is a degeneration of the myelin sheath which surrounds the nerve fibres. Multiple Sclerosis is a progressive disease which strikes adults between 20 - 40 years of age. b) The pool temperature should be warm (at least 80°) in order to enable these people to relax. Swimming assists these people in neuromuscular re-education, because of degeneration emphasize accomplishments. c) If neck or respiratory system weakened, a mask and snorkel may be useful for front swimming. Modified elementary backstroke should be taught first.

8) Epilepsy - a) The exact cause is unknown. It is an abnormal stimulation of the brain-regulating mechanisms. This disorder causes convulsion-like seizures. There are three types:
Grand mal - violent shaking, temporary loss of unconsciousness, could last 2 - 5 minutes.
Petit mal - staring spell, lasts for several seconds.
Psychomotor -purposeless behaviour with amnesia following regarding the episode usually lasts 2 - 5 minutes.

b) While swimming a person with epilepsy must always be supervised in the water and on the deck.

The person may be taking drugs to control the seizures and therefore may be dopey or giddy.

* If the seizure takes place in the pool, leave the participant in the pool! Do not try to bring the person out of the pool during a seizure! Stay behind the head of the person with one hand supporting the back and other keeping the head above the water. The water is the best place for a person while having a seizure. This prevents the person from injury if thrashing on the pool deck.

9. Amputees - a) loss of a limb or part of a limb through an accident or disease. b) strokes with underwater recovery are best for those who have lost both legs, (breastroke, elementary backstroke). Stay on the side of the missing limb for balance and support. c) teach recoveries (from front or back float position to standing position) early - the security of being able to stand up is very important for progress.

10. Mentally and emotionally disturbed - a) people who cannot for some reason or another, cope with daily problems and occurrances are usually classes as emotionally disturbed. b) Keep a calm but firm voice. Simplify and repeat instructions. Establish a routine. Use the same verbal cues used by teachers or parents. c) Emphasize doing the skill.

11. Autism - a) Autistic children have actively withdrawn behavior. The child with this syndrome withdraws from all animate objects (people and animals) but maintains contact with the inaminate world which he does not have to relate to or communicate with. He avoids speech and face to face contact with people, demonstrates no response to affection and cannot understand relationships.
b) Find out from his teacher any verbal cues that they might use to reinforce his behavior. Reward each accomplishment positively. Use constant repetition in order to teach a task or specific skill.

12. Learning Disabilities - a) Learning disabilities includes a wide range of disorders stemming from nervous system dysfunction. This range includes disorders of perception, cognition, visual and auditory memory, impulse control, judgment, and nervous system integration.
b) About five children is the maximum number for group activity. Do not use force! Watch the participants at all times! Some of these people have no fear of the water and may readily go beyone their capabilities while others are terrified of the water and must receive special preliminary treatment.
c) Games - Dodge ball, Looby-Loo, and Stoop Tag.

13. Mental Retardation- a) Mental retardation is a condition of mental arrest, or lack of mental development required as a result of a disease, an accident, deprivation, or because of injury before, during or after birth.

The retarded have been grouped previously according to I.Q.'s and scholastic ability. In order to not confuse you, the names most widely used are the one's referred to here.

The first and largest group are the mildly retarded or educable. The majority of these people do not need special grouping, modification or adaption to achieve success in a swimming program. Some however, will need special attention at first to enablize them to develop skills which will in turn allow

them to participate safely and successfully in regular swim classes.

The second group and also the second largest are the moderately retarded or trainables. Experience shows that these people can learn to swim, can experience physical, social and emotional benefits, and can succeed in supervised aquatic programs with a great deal of support and assistance.

The severely or profoundly retarded are the smallest group, but these are the ones who especially benefit from the therapeutic values.

b) Teaching suggestions:

Know their chronological and mental age
Simplify, demonstrate and REPEAT!
Establish a routine and be quick to praise
Change activities often, expecially skills that are difficult

c) Experience is the best teacher. To achieve success you must repeat the experience over and over.

GAME IDEAS

Games can be any activity that involves having fun. There are 3 groups to choose from depending on the people you are working with. One important thing to remember is people will learn a skill more easily if it can be turned into a game. eg. A front float can be a starfish. All it takes is some imagination so don't be afraid to make up your own games.

1. Games.

Ring around the rosies.
Leap frog.
Pop goes the weasel.
Here we go round the mulberry bush. (This is the way we wash our hands, arms, legs, feet, face, hair).
Simon Says.
What time is it Mr. Wolf.
Mother May I.
Go, go, go, Stop.
Follow the Leader.

Imagine a ...

starfish (float), choochoo train (blowing bubbles), motor boat, jellyfish float, airplanes, washing machine. Bring some of these in the water, they float just like your students will; oranges, bananas, grapes, apples, carrots, or peaches. Maybe even draw a face on them.

2. Activities.

Look at yourself in a mirror underwater. Wash your face or body with a wash cloth - bring one or two. Wear a magic hat, see if it will help you float. Dive for jewels from the mermaids, old costume jewelry. Talk in bubbble talk. Have a phone conversation. Bury your floating instructor in water, splash, splash. Dive for treasure. Candies wrapped in tinfoil. Travel - to Holland, be a windmill to Australia be a kangaroo, to Arabia fly on a magic carpet,to India be an elephant. Have an under water symphony with drums, recorders, flutes, trumpets, guitars, pianos. Recorders really work! Dive for small cars, dolls, money, badges, buttons, face masks. Anything the person will relate to. Slide down the firemen's pole - it's really a reaching pole. Put the fizz in the coca-cola bottles, student blows bubbles into another student. Enter the water in as many different ways as you can. Animals - seals, dogs, frogs. Machines - rocket ship, egg beater, washing machine, can opener.

...(over)

3. Races - Relays & Related Things.

Business Man's Race - legs only on their back carrying a piece of dry newspaper.
Lifejacket Race - swim out to L.d., put it on in deep water, swim back.
3 Legged race or 3 Arms race.
Inner Tube race.
Carrying a flag race.
Wheel Barrow race.
Flutter board race. (in, on hand or between the feet).
Tug of war.
Sponge tag.
Sponge fight.
Keep away.
Water Baseball.
Water Basketball.
Water Volleyball.
Chain Tag - person who is "it" captures another person, the 2 of them capture another. The last person uncaptured wins.
Tangle - 2 groups form circles and each group tangles themselves up. Then the untangler untangles them.
Water Melon Scramble - grease a water melon. All who can get a hold on it. Everyone can have a piece.
Scramble ball - 2 teams scramble for 10 corks or balls. The team with the most wins.

SAFETY AND EQUIPMENT

Safety is an important part of any program. This is especially true regarding programmes for the disabled. Something easily over looked is the safety of the volunteer or staff member involved. For this reason it is suggested that the parents or legal guardian of the participant sign a form which releases anyone involved in the program from liability in the case of an accident.

IN THE DRESSING ROOM:

- When changing the participants have the brakes on the wheelchair locked.
- Be sure that the changing tables are sturdy and comfortable.
- Be sure that the showers are not too hot or cold.
- Are the washrooms accessable?
- If participants need assistance dressing be sure that there is an assistant available.
- If the participant has an ileal bag to collect urine make sure that these are emptied before and after the swim session.

POOL AREA:

- There should always be at least one lifeguard on duty at all times. " On Duty ", does not include helping to lift etc.
- If it is the participants first time in the pool familiarize him with the pool area before entering the water, e.g. a blind person should know where the deep end is.
- Be sure the wheelchair transfer is understood by people doing it. (wheels locked, a non skid mat on the pool edge, bent knee lift, good arm grasp, someone in the water receiving the participant.

IN THE POOL:

- Establish a signal between the participant and volunteer. If the participant is having trouble he can communicate non verbally or verbally.
- Do not over tire the participant
- Make sure that everyone is aware of the pool's emergency procedures
-Notify the parent or physician of any accident or seizure.
- Make sure that the participant leaves the pool area after his designated time. (½ hour is usually a good time period for a lesson)

EQUIPMENT:

- The usual safety equipment should be on hand.
- Familiarize volunteers and participants with it. Have them learn to use it.
- Bouyant aids can be helpful when teaching non swimmers.
- Do not let participants becomedependant on these aids if they are able to learn to swim independantly.
- When using innertubes, tape the valve down flat or have it moved to the outside of the tube. This prevents the valve from sticking into someone that cannot feel it, causing injury that might take a long time to heal.
- When using a lifejacket have it tied securely, and try to have it on comfortably.
- Do not put muscular dystrophy people into an innertube as they could slip out easily do to poor muscle strength.
- If a participant wishes to use skin diving equipment, know his limits and be sure he knows how to use it properly.
- Other equipment may include, kickboards, floaties, floating toys, and toys that sink to the bottom of the pool.

RESOURCE MATERIAL

FILMS: Focus on Ability - a 22 min. colour film available from the Community Recreation branch film library, 501 W. 12th Ave. Vancouver, B.C. Phone - 879 - 7531 Local 271

This film shows teaching techniques for a wide variety of disabilities.

As A Friend - a 22 min. 16mm. b&w film. Available from The Community Recreation branch film library, same address as above.

This films shows the personal approach to teach swimming to the disabled. It shows four interesting case histories.

BOOKS: Cheque or money order must accompany any order.

Manual for Teaching Swimming to the Disabled	$3.00
Just Add Water	$2.00
Swimming for the Handicapped Instructors Manual.....	$1.00
A Practical Guide for Teaching the Mentally Retarded to Swim.....	$
National Instructors Guide and Reference.....	$5.00

Order these books from the Canadian Red Cross Society
Water Safety Service
4750 Oak Street
Van., B.C. Phone - 879-7551

RESOURCE MATERIAL CONT.

There are other films available from The Community Recreation Branch, and from the National Film Board, which can be ordered through their catalogues and are also free of charge.

National Film Board
1161 W. Georgia St.
Vancouver, B.C.
Phone 666-1716

Films and other information are also available from the various organizations and agencies on the specific disabilities. For e.g. C.N.I.B., Paraplegic Assn., Neurological Centre etc.

BEGINNER PROGRESSIONS

In teaching progressions the obvious objective is to develop the ability to perform a skill. With this in mind we look first at the beginner who will be trying to develop this ability. For a beginner the normal situation may be something like this. He approaches the situation with eagerness and anticipates the possibility of a reward. He considers that with work and effort on his part over a certain period of time that he will succeed.

If this is normal, then what of the abnormal? How does a person feel when he or she has failed in a number of endeavors? How do they approach a new learning situation? One of the first things they must accept is a change in their self concept. It is hard to explain how someone feels when after working on a skill for a certain amount to time, he has to break it down and start over again, and all this in front of peers. After he has accepted his feelings he must deal with the situation. The following thought now occurs in our beginner's head; Should I fight till the end or quit? On the other hand, he may rationalize a reason for being unable to continue. He may rationalize to the point of, "It's not my fault."

Now you are faced with this person and his feelings. The way you react may determine his feelings towards aquatics for a long time. At this point it is important to think,"Do I really understand his feelings? Do I make his goals attainable? Can I change his tasks to help him succeed?" With imagination added to these basic beginner progressions they can change from a swimming lesson to an exciting chance to succeed!

BEGINNER PROGRESSIONS CONT.

INTRODUCTION AND PREPARATION:

- Try to be knowledgable about the participants handicap. If in doubt ask them.
- Introduce yourself and remember their name.
- Find out what their abilities and water experiences are.
- Be honest, as they will learn to trust you, which in turn will help your progress.

WATER ENTRIES:

- Entries should be as independant as possible.
- If assistance is unavoidable, be sure to have helpers near by.
- Be sure the people lifting know how to lift properly.
- Care should be taken that the participant is not scraped as healing can be a slow process for people who are paralized due to slow blood circulation.
- For children who do not need assistance entering the water, use your imagination! Try jumping through a hoop, sliding down a reaching pole, follow the leader or imitating animals as entering the water.

WATER ADJUSTMENT:

- Remember the water usually feels cold so give the participant a chance to adjust. Have them take a shower or sit on the edge and wash themselves with pool water. This will help them adjust to the water's temperature.

BASIC BEGINNER PROGRESSIONS

Keep in mind that these are only basic beginner progressions. They're here to help the beginner and advanced beginner to become more relaxed and independant in the water. For further reference consult the Red Cross Water Safety Service's Instructor's Guide and Reference book.

BREATH CONTROL:

- Encourage a closed mouth under water, however the individual should be able to exhale through their mouth and nose. For cerebral palsied people who have trouble breathing, concentrate on just keeping their mouth closed underwater and not exhaling.

EYES:

- Insist that the beginner attempt to keep their eyes open under water. This action has many benefits, the most obvious being that he will be able to see where he is and therefore remain more relaxed in the water. As an instructor you should be under the water yourself checking to see if their eyes are open.

- Encourage him not to rub his eyes upon surfacing. Ultimately they should be able to keep their eyes open with out having to think about it.
  - -Try them sitting or kneeling on the bottom.
  - -Try picking up objects off the bottom of the pool
  - -Have children try moving toys along the bottom, eg. cars?
  - -Have a phone conversation blowing bubbles.

BOUYANCY:

- Have participants as relaxed as possible. Tightened muscles tend to make people sink. The temperature of the water helps. For cerebral palsied persons the desired temperature is 85 degrees.

BACK FLOAT:

- Support only the participants neck in order to allow him to feel bouyant.
- If you wish to have one hand free, try holding the participants head next to your shoulder supporting his chin with your hand.

FRONT FLOAT:

- Try working with your beginner by holding their hands out in front of their shoulders.To create a feeling similar to an independant float ensure that their arms are not bent at the elbows and that their face is in the water, with eyes open.

RECOVERY:

- Be aware that your beginner may not be able to assume a standing position from these floats without your assistance either by way of verbal advice on how to stand up , or, if necessary actual help from you.

PROPULSION:

- To teach propulsion it is sometimes easiest to perform the skill on the participant.

  Here are some ideas:

  - Kicking - have the participant hold the side of the pool or another object which will aid his floatation. Move his legs for the motion you desire.
  - Arm pulls - Start from a standing or floating position and move his arms in the desired motion.
  - -After leg and arms have been tried separately,try them together.
  - -If possible have the person watch you perform the skill.

PARENT PERMISSION FORM

PUPIL'S NAME _____ AGE _____

ADDRESS _____

INSTRUCTOR'S NAME _____

1. Handicaps:
2. Swimming abilities:
3. Special needs: (can he dress himself, does he need transportation, etc.)
4. Equipment used: (visual aids and siwmming aids)
5. Communications problems:
6. Fears:
7. Games the pupil likes to play:

I hereby give permission for

Name of Pupil _____

Address _____

Phone _____ Age _____

to attend the swimming class sponsored by _____

_____

Swimming Ability:

Has your child ever been in the water? _____

At the beach _____ Indoor Pool _____ Outdoor Pool _____

If yes, does your child enjoy the water? _____

Is he afraid of the water? _____

Has your child attained any level of aquatic experience?

Pre-beginner ( ) Beginner ( ) Junior ( )

Intermediate ( ) Senior ( )

Transportation:

Are you able to provide transportation to and from the pool on the designated day? _____

Do you need transportation to be arranged? _____

Signature of Parent _____

MEDICAL REFERRAL

TO BE COMPLETED BY FAMILY DOCTOR:

Name _____

Age _____

Sex _____

Date of Examination _____

General Physical Condition _____

_____

Physical Limitations:

1. Is the pupil able to participate in swimming activity _____

   Mild ( ) Medium ( ) Strenuous ( )

2. What limitations does the pupil have?

1)	muscle co-ordination	severe ( )	mild ( )	medium ( )
2)	muscle movement	( )	( )	( )
3)	muscle strength	( )	( )	( )
4)	breath control	( )	( )	( )
5)	speech	( )	( )	( )
6)	sight	( )	( )	( )
7)	hearing	( )	( )	( )
8)	attention span	( )	( )	( )

3. Is the pupil susceptable to upper respiratory infection _____

4. The pupil will be spending approximately 30 minutes in the water (in an indoor pool - 80 degrees)

   Is this acceptable _____

   Do you recommend a shorter time period _____

   Condition of heart _____ Condition of ears _____

   throat _____ skin _____

   eyes _____ (has applicant developed a hernia) _____

   scalp, hair _____ lungs _____

Does s/he have athlete's foot _____

List physical disabilities _____

_____

List medication pupil is on _____

_____

Is the pupil under medical care now _____

Medical history:

pneumonia _____	mumps _____	chicken pox _____
diabetes _____	diptheria _____	typhoid _____
measles _____	lung trouble _____	hernia rupture _____
scarlet fever _____	epilepsy _____	ear or sinus _____
heart trouble _____	smallpox _____	

Is the pupil subject to:

headaches _____
fainting spells _____
tonsilitis _____
rheumatism _____
epileptic spells _____
muscle spasms _____

Signature of Physician _____

PARTICIPANT'S NAME: _____

DISABILITY: _____

VOLUNTEER'S NAME: _____

Aids found useful in teaching: _____

_____

_____

_____

Games enjoyed: _____

_____

_____

_____

Please record the date and write a general comment about each lesson.

Date: _____ _____

_____

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_____

Date: _____ _____

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Date: _____ _____

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Date: _____ _____

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* The information for our booklet "Swimming for the Disabled", was compiled and revised from the above sources.

CONCLUSION

This handbook is only a guide towards the basic structure of a swimming program for the disabled. The relationship between the volunteers and participants is the key to a successful program.

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